



Crown Point Emergency Management  
103 East Clark Street  
Crown Point, IN 46307

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Number and Street) (City) (State and Zip)

Marital Status: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Secondary Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**DRIVERS LICENSE INFORMATION**

Drivers License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Present Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Time / Part Time (Circle One) Hours Per Week: \_\_\_\_\_

**EDUCATION & TRAINING INFORMATION**

High School: \_\_\_\_\_ Diploma or Cert: \_\_\_\_\_ Year: \_\_\_\_\_  
College: \_\_\_\_\_ Diploma or Cert: \_\_\_\_\_ Year: \_\_\_\_\_  
Trade: \_\_\_\_\_ Diploma or Cert: \_\_\_\_\_ Year: \_\_\_\_\_  
Other: \_\_\_\_\_ Diploma or Cert: \_\_\_\_\_ Year: \_\_\_\_\_

List any emergency training you have already received (CPR, Fire Fighting, Haz-Mat, Etc.)

\_\_\_\_\_  
\_\_\_\_\_

I hereby attest that the information contained herein is true in fact to the best of my knowledge.  
FUTHERMORE, I understand that failure to provide truthful information may result in my  
dismissal and termination of membership from the Crown Point Emergency Management  
Department.

THEREFORE, I agree to abide by the by-laws that which govern the operations and memberships of  
the Crown Point Emergency Management.

Applicant's Signature: \_\_\_\_\_



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### **Authorization for Release of Information**

I, \_\_\_\_\_ authorize the Crown Point Emergency Management to obtain information regarding criminal, employment, and reference information. I understand that this is required in order for me to be considered for membership due to events and information that may be of a sensitive nature. I further release the City of Crown Point and the Crown Point Emergency Management from any and all liabilities that may come from this information.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PERSONAL REFERENCES** List 3 (minimum) references that are not related to you

Name	Relationship	Address	Phone

### **CRIMINAL BACKGROUND CHECK INFORMATION**

Printed FULL Name: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Nickname or Alias: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### **DISCRIMINATION STATEMENT**

The Crown Point Emergency Management will not accept nor reject any applicant based upon sex, age, race or religion. The Crown Point Emergency Management is an equal opportunity employer.